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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Sharon E. Kennedy – Group Art Unit: 3762

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 703.872.9302

CONFIRMATION TELEPHONE: 703.308.0858 (Receptionist) or
703.308.0154 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: October 2, 2003

USER NUMBER: 9070

FILE NUMBER: Docket No. R0377-00100

TOTAL # OF PAGES: 9
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Response to the Office Action mailed 7/2/2003 in connection with patent application Serial No. 10/002,406, filed November 1, 2001.

Please confirm receipt of this facsimile.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Aita et al.*For: **FOLDABLE AND REMOTELY
IMAGEABLE BALLOON**

Serial No.: 10/002,406

Filed: November 1, 2001

Atty. Docket No.: R0377-00100

Examiner: S. E. Kennedy

Group Art Unit: 3762

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9302, addressed to Examiner Sharon E. Kennedy,
at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,
on October 2, 2003, in San Francisco, CA.


 Anne Marie Leary

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is a Amendment and Response to Office Action Mailed 7/2/03. Also enclosed is a Change of Correspondence Address.
- Claim Fee Calculation
☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	3 - 3 =	0 x	\$43=	\$ 0
Total Claims	2202	17 - 20 =	0 x	\$9=	\$ 0

Total Fees Due.....\$ -0-

3. Payment of Fees

- Enclosed is a check for the total fees due in the amount of ____.
- ☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0377-00100.

By: 

Edward J. Lynch
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